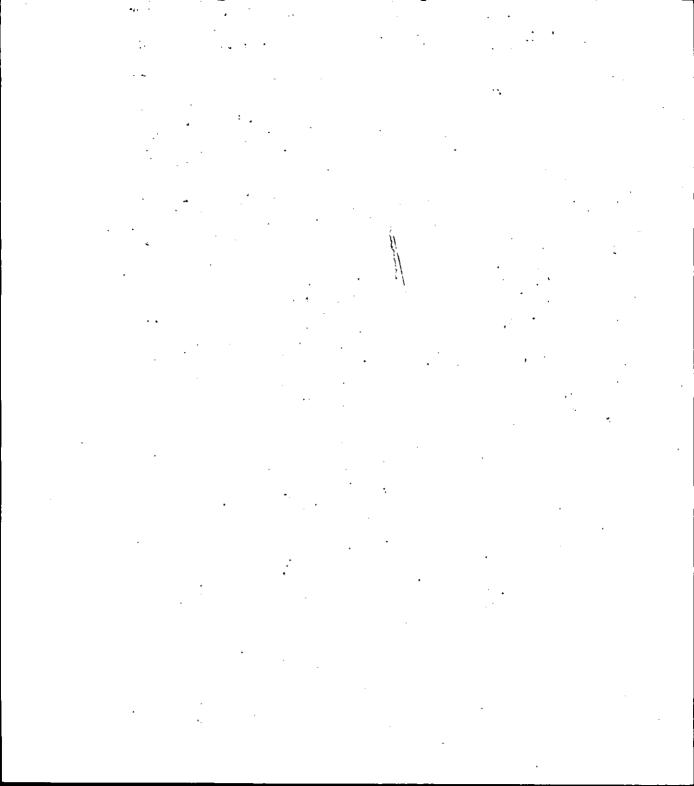
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS PHYSICIANS should state PATION is very important. CERTIFICATE OF DEATH 1. PLACE OF A 24021 maga B. Registration District No. legistration District No..... Registered No. ent of OCCUPATION Residence, No. (If nonresident, give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORDE (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) hat I attended deceased from 5A. IF MARRIED, WIDOWED, OR/0] VORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at 6. DATE OF BIRTH (MONTH, DA AND YEAR) The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS day, .....hrs. Date of onset or ......mln. 8. Trade, profession, or particular kind of work done, as spinner, ŏ sawyer, bookkeeper, etc..... UNFADING 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and year) ..... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FATHER 13. NAME What test confirmed dischosis? 14. BIRTHPLACE (CITY OR TOWN) ....... Was there an autopsy?. information s in plain terms (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: OTHER 15. MAIDEN NAME Accident, suicide, or homicide?...... Date of injury......... 19..... Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN). (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OF REMOVAL Nature of injury...... Ö 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (ADDRESS) 20. FILED. Registrar.



## #2 Franklin.

## DEPARTMENT OF COMMERCE

## BUREAU OF THE CENSUS

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

## WASHINGTON

Dear Sir:

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It is essential that death certificates be complete in every particular in or-
der that proper classification may be made. You are therefore requested to make
every effort to obtain the following information, indicated by check marks, lacking
from the death certificate.
$\Omega = \Omega = \Omega$
Name: Johanna D Marquardt, Who died at On July - 24 - 1934 Residence: No. St.
Who died at // on Vally - 24 - 1934
Residence: No. St
(If nonresident, city or town)
Length of residence in city or
town where death occurred: Years Months Days
Sex 2 Color or race W Single, married, widowed or divorced:
Date of birth Age: Years 46 Months // Days /6
Occupation: (a) Trade, profession, or (b) Industry or business in which
particular kind of work done, as spinner, work was done, as silk mill,
sawyer, bookkeeper, etc. saw mill, bank, etc.
Date deceased last worked at this occupation: MonthYear
Birthplace (State or country)
Birthplace of father (State or country)
Birthplace of mother (State or country)
rincipal cause of death:
Other contributory causes of importance
Name of operationDate of
Name of operation Date of Was there an autopsy? To death was due to external causes (violence) fill in also the following:
If death was due to external causes (violence) fiff in also the following.
Accident, suicide, or homicide?Date of injury, 19
Where did injury occur?(Specify city or town, county and State)
(Specify city or town, county and State)
Specific whether injury occurred in industry, in home, or in public place
Specify whether injury occurred in <u>industry</u> , in <u>home</u> , or in <u>public</u> <u>place</u> .
Monnon of injumy
Manner of injury
Nature of injury Was disease or injury in any way related to occupation of deceased?
If so, specify
Name of physician
Address of physician
This information is sought for statistical purposes only and in order that the
official report may be complete and correct. Please reply promptly using the en-
closed official envelope which requires no postage.
Reg. Dist. No. 294 Very truly yours,
e The Hand ma
Primary Reg. Dist. No. 54093. E.T. M. Special Agent.
Special Agent.

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